UNITED STATES PARACHUTE ASSOCIATION

ADDI ICANT INTODMATION								
☐ CHANGE ADDRESS ON FILE								
USPA MEMBER NUMBER	C OR D LICENSE NUI	MBER	PHON	IE NUMBER			CHANGE ADDRESS ON FILE	
NAME OF APPLICANT (RECIPI	ENT) AS IT IS TO APPEAR ON THE CE	RTIFICATE						
MAILING ADDRESS								
CITY				;	STATE	ZIP CODE	COUNTRY CODE	
EMAIL ADDRESS	By submitting this application for third parties, in Parachutist and							
	1 '	1	0	, , ,		1 0		
AWARD(S) REQUESTED & DATE(S) QUALIFYING JUMPS WERE MADE								
JUM	FREEFALL BADGES			Use this form to apply for a numbered				
WINGS DATE	WINGS DATE	BADGE	DATE	BADGE	DATE	Certificate of Achievement for cumulativ		
□ 1,000-Jump	□ 11,000-Jump	□ 12-Hour _		□ 132-Hour		jumps (1,000-jump increments) or freefall time (12-hour increments).		
□ 2,000-Jump	□ 12,000-Jump	□ 24-Hour _		□ 144-Hour		Certificates are provided at no charge. Initial applications for the 1,000-Jump		
□ 3,000-Jump	□ 13,000-Jump	□ 36-Hour _		□ 156-Hour			tions for the 1,000-Jump 2-Hour Freefall Badge	
□ 4,000-Jump	□ 14,000-Jump	□ 48-Hour _		□ 168-Hour		will receive n	netallic pins at no cost.	
□ 5,000-Jump	□ 15,000-Jump	□ 60-Hour _		□ 180-Hour			cate has been issued, ns or those for higher	
□ 6,000-Jump	Jump	□ 72-Hour _		□Hou	r		nay be purchased. Email	
□ 7,000-Jump	Jump	□ 84-Hour _		□Hou	r		uspa.org to purchase pins.	
□ 8,000-Jump	Jump	□ 96-Hour _		□Hou	r			
□ 9,000-Jump	Jump	□ 108-Hour		□Hou	r			
□ 10,000-Jump	Jump	□ 120-Hour		□Hou	r			
	- Leitind	INC AND M	ATT INC	INTEGRA	<i>t</i> ATION			
	SHIPP							
Please provide the instruction on where to send the award(s). The Regional Director often makes the presentation at a suitable event so that the accomplishment								
can be recognized publicly. Photos may be submitted to <i>Parachutist</i> magazine under the Submissions tab at parachutistonline.com. Use the information provided above. Use the information provided below.								
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MAILING ADDRESS								
CITY					STATE	ZIP CODE	COUNTRY CODE	
OTHER SPECIAL INSTRUCTIONS								
CERTIFICATION BY REGIONAL OR NATIONAL DIRECTOR (REQUIRED)								
The qualifications for this award must be certified by a USPA National or Regional Director. The signatory is verifying that the above named USPA member								
has made the necessary jumps and/or accumulated the necessary hours of freefall and other requirements as stated in the Awards Section in the USPA Skydiver's								
Information Manual.								
SIGNATURE OF CERTIFYING NA	ATIONAL OR REGIONAL DIRECTOR (RI	EQUIRED)		TIT	TLE	DATE	USPA # OR LIC.#	